

# BID SOLICITATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
CAPITOL HILL  
PROVIDENCE RI 02908

**BID NUMBER: B04816**

**TITLE: VACCINE, INFLUENZA**

**BID OPENING DATE AND TIME:**

**04/04/2005 11:30 AM**

BUYER: ALMA MILLER  
PHONE #: (401) 222 - 2142 ext. 124  
BLANKET PERIOD: 3/1/05 - 12/31/05

**B** MENTAL HEALTH, RETARDATION & HOSPITALS  
**I** MHRH-CENTRAL PHARMACY  
**L** PO BOX 8289  
**L** HAZARD BLDG B-6  
**T** WEST RD  
**O** CRANSTON RI 02920

**S** MENTAL HEALTH, RETARDATION & HOSPITALS  
**H** MHRH CENTRAL PHARMACY  
**I** HAZARD BLDG, B-6  
**P** WEST ROAD  
**T** CRANSTON RI 02920  
**O**

Requisition Number(s): R76E055472

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>BLANKET REQUIREMENT: 3/1/05-12/31/05</p> <p><b>BIDDING</b></p> <p>(a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State.</p> <p>(b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered.</p> <p>(c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost.</p> <p>(d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request.</p> <p><b>ORDERING</b></p> <p>(a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period.</p> <p>(b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.</p>				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: \_\_\_\_\_

RIVIP VENDOR ID#: \_\_\_\_\_

TERMS OF PAYMENT: \_\_\_\_\_

**DO NOT SIGN BID ON THIS PAGE!  
USE CERTIFICATION COVER FORM.**

# BID SOLICITATION



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
CAPITOL HILL  
PROVIDENCE RI 02908

**BID NUMBER: B04816**

**TITLE: VACCINE, INFLUENZA**

**BID OPENING DATE AND TIME:**

**04/04/2005 11:30 AM**

BUYER: ALMA MILLER  
PHONE #: (401) 222 - 2142 ext. 124  
BLANKET PERIOD: 3/1/05 - 12/31/05

**B  
I  
L  
L  
T  
O** MENTAL HEALTH, RETARDATION & HOSPITALS  
MHRH-CENTRAL PHARMACY  
PO BOX 8289  
HAZARD BLDG B-6  
WEST RD  
CRANSTON RI 02920

**S  
H  
I  
P  
T  
O** MENTAL HEALTH, RETARDATION & HOSPITALS  
MHRH CENTRAL PHARMACY  
HAZARD BLDG, B-6  
WEST ROAD  
CRANSTON RI 02920

Requisition Number(s): R76E055472

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>AWARDS EXTENDING BEYOND JUNE 30TH ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.</p> <p>BIDS MUST BE FROM MANUFACTURERS</p> <p>INFLUENZA VACCINE</p>				
1.0	<p>269-80</p> <p>10 DOSE VIAL, 5 ML, INFLUENZA VACCINE FOR THE 2005-2006 FLU SEASON</p> <p>BRAND NAME AND NDC # _____</p> <p>DATE BY WHICH ORDERS MUST BE PLACED _____</p>	700.00	EA		
2.0	<p>269-80</p> <p>FLU MIST ( NASAL FLU VACCINE) PREFILLED SINGLE USE SPRAYERS</p> <p>BRAND NAME AND NDC # _____</p> <p>DATE BY WHICH ORDERS MUST BE PLACED _____</p>	100.00	EA		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: \_\_\_\_\_

RIVIP VENDOR ID#: \_\_\_\_\_

TERMS OF PAYMENT: \_\_\_\_\_

**DO NOT SIGN BID ON THIS PAGE!  
USE CERTIFICATION COVER FORM.**

# BID SOLICITATION

Page 3 of 3  
Printed: 3/28/2005



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
CAPITOL HILL  
PROVIDENCE RI 02908

**BID NUMBER: B04816**

**TITLE: VACCINE, INFLUENZA**

**BID OPENING DATE AND TIME:**

**04/04/2005 11:30 AM**

BUYER: ALMA MILLER  
PHONE #: (401) 222 - 2142 ext. 124  
BLANKET PERIOD: 3/1/05 - 12/31/05

**B  
I  
L  
L  
T  
O** MENTAL HEALTH, RETARDATION & HOSPITALS  
MHRH-CENTRAL PHARMACY  
PO BOX 8289  
HAZARD BLDG B-6  
WEST RD  
CRANSTON RI 02920

**S  
H  
I  
P  
T  
O** MENTAL HEALTH, RETARDATION & HOSPITALS  
MHRH CENTRAL PHARMACY  
HAZARD BLDG, B-6  
WEST ROAD  
CRANSTON RI 02920

Requisition Number(s): R76E055472

Item	Class-Item	Quantity	Unit	Unit Price	Total
	CONTACT PERSON: HENRY BRELSFORD (401) 462-2229  DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.				
				TOTAL:	

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one hour additional time for clearance through security checkpoints.

DELIVERY: \_\_\_\_\_

RIVIP VENDOR ID#: \_\_\_\_\_

TERMS OF PAYMENT: \_\_\_\_\_

**DO NOT SIGN BID ON THIS PAGE!  
USE CERTIFICATION COVER FORM.**